	PATENT	ORI	Application or Docket Number 10 785010 978500									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN R SMALL ENTITY	
7	OTAL CLAIM	S	1 4	9		•		RATE	FEE	٦̈́	RATE	FEE
F	OR .		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F			BASIC FE	
Ţ	OTAL CHARGE	ABLE CLAIMS	4 "	minus 20=		. (		X\$ 9=		OR	7515	1
IN	DEPENDENT (	CLAIMS '	minus 3 =		•			X43=		┪	ivas	<del>  </del>
м	ULTIPLE DEPE	NDENT CLAIM F	RESENT	RESENT				+145=		OR	A80≅	╂╼╼┤
• 1	If the difference in column 1 is less than zero, enter "0" in column 2									OR	+290=	
CLAIMS AS AMENDED - PART II											امحرا	
	(Column 1) (Column 2) (Column 3)							SMALI	ENTITY	OR	OTHER SMALL	THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- FEE
Š	Total	1.6	Minus	1 - 4		5		X\$ 9=		OH	X\$18=	
AME	Independent	<u> </u>	Minus	1		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b> </b>	+145=	1	1	+290=	
										OR	TOTAL	·
11-	-16-0ì	A	DOIT, FEE	<u> </u>	los i	ADDIT. FEE						
ENT 8		CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMBI PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· 2	Minus:	- a	0	= () ·		X\$ 9=		OR	XS TEE	7
	Independent	NTATION OF MI	Minus	SENDENT C	3			X43= ·	· ·	OR	X8820U	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								YOTAL DOIT, FEE	· ·	OR .	TOTAL	·/ <del>\</del>
-,		(Column 1)		(Column		(Column 3)					OOII. PEEL	
5 1	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	A SLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	•	Minus	••				X\$ 9=			X\$18=	FEE
	Independent	1	Minus	***			$\vdash$	X43=		OR		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X86=	
87	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+290=	
u	THE LUBINEST MINU	nber Previously Paid ber Previously Paid	I FOR IN THE	S SDACE in to	ce than	2		In the app			DOTT. FEEL	
	PTO-875 (Rev. 10/			<del>:</del>	··	•		•	ers Office, V.	•	•	COMMERCE